

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/580868

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		2				
3						
4	1					
5		1				
6		2				
7	1					
8		1				
9	1					
10		1				
11		1				
12		1				
13		4				
14		4				
15		1				
16		1				
17		1				
18		1				
19		1				
20		1				
21	1					
22		1				
23		2				
24	1					
25		1				
26		2				
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50						
TOTAL IND.	6	↓		↓		↓
TOTAL DEP.	32	←		←		←
TOTAL CLAIMS	38					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						